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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2790

Registration District No. 194 Primary Registration District No. 5710 Registrar's No. 3

**1. PLACE OF DEATH:**

(a) County McDonald

(b) City or town Rural Center Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County McDonald 60 0

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Powell Mo
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Calvin Cowan

3. (b) If veteran, name war ..... 3. (c) Social Security No. ..... –

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joanna Cowan 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov (Month) 20 (Day) 1872 (Year)

8. AGE: Years 71 Months 1 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace McDonald County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Dave Cowan
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Cowan
(b) Address Cyclone Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Cowan Cemetery

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman Mo.

19. (a) 1-30-43 (Date received local registrar) (b) L. E. Kirk (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 6
year 1943 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1942 to Jan 6, 1943
that I last saw him alive on Dec 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death probable Carcinoma of Stomach

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

46 b

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. C. Edmondson (M. D. or other)
Address Stella Mo. Date signed 1/7/43

1290

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 234-160
Date Filed FEB 7 1943

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**